

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of approximate age of deceased is shown on

FILM No. G-97 JUL 27 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

CERTIFICATE OF DEATH

05888

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert
City or town W. Beach
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

James Frank Hall

3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Annie Hall

6. (c) It alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 34 Months _____ Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

12. Name Hooper Hall

13. Birthplace Owings Md

14. Maiden name Rachel Holland

15. Birthplace Md

16. Informant Rachel Hall
Address Paris Md

17. Burial Date thereof 6 7 45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Hope Cemetery

Location Sunderland

18. Funeral director W. H. Hutchins & Sons

Address Owings

19. June 6 45 S. Hutchins
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Calvert
City or town Paris
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5 1945 at 2:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death Heart attack Instantly

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 6/5/45

Where did injury occur? W. Beach Calvert
(City or town) (County) (State)

Injured at home, farm, industry, or public place (where?) Highway

Means of injury Auto accident Injured at work?

23. SIGNATURE H. Hutchins
Physician, Examiner, M.D. or other

Address Owings Md Date signed 6/5/45

RECEIVED
JUL 9 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472

CERTIFICATE OF DEATH

05890

Reg. Dist. No.

1. PLACE OF DEATH:

County CalvertCity or town Fishers
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Fishers
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Sarah E. Howard

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Joseph Howard

7. Birth date of

deceased (mo., day, yr.)

Nov. 18 - 1864

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

80623

hrs.

min.

9. Birthplace

Olivet, Maryland
(Town, county, and state)

10. Usual occupation

School - teacher

11. Industry or business

FATHER

12. Name

Thomas Savoy

13. Birthplace

Maryland

MOTHER

14. Maiden name

Evelyn Johnson

15. Birthplace

Maryland

16. Informant

Wm. J. Savoy

Address

Fishers, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 13 - 45
(month) (day) (year)

Cemetery or crematory

Eastern M. E. Church

Location

Olivet, Md.

18. Funeral director

P. Sewell

Address

Prince Frederick, Md.

19.

(Date rec'd by registrar)

19

45A. E. S. Oster

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1945 at 9 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

Pulmonary Hemorrhage

DURATION

1/2 hour

Due to

Pulmonary Abscesses3 mos.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. S. Coster

M. D. or other

Address

Solomons, Md.

Date signed

6/11/45



MARGIN RESERVED FOR BINDING

VS A15

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

CERTIFICATE OF DEATH

05889

Reg. Dist. No. 52

1. PLACE OF DEATH:

County... CalvertCity or town... Chesapeake Beach
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... CalvertCity or town... Chesapeake Beach
(If outside city or town limits, write RURAL and give nearest town)Street No...
(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME

George Klein

3. (b) Social Security Number

4. Sex M5. Color or race W6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Mary I Klein

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) 18868. AGE: Years 59 Months Days It less than one day

hrs. min.

9. Birthplace... Phila. Pa
(Town, county, and state)10. Usual occupation... Merchant

11. Industry or business

12. Name... Philip Klein13. Birthplace Germany14. Maiden name Unknown

15. Birthplace

16. Informant Mrs. Burgess ChaneyAddress Chesapeake Beach Md17. Burial Date thereof 6 9 45
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Mt. Harmony18. Funeral director W. H. HutchinsAddress Swing19. June 8 45 19 45 S. Hutchins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 19 45 at 2:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 5 19 45 to June 7 19 45and that I last saw him alive on June 7 19 45Immediate cause of death CoronarythrombosisDURATION 1 hr.

Due to

Due to

Other conditions None

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Page J. E. J.

M. D. or other

Address Prime Frederick Date signed 6-8-45

RECEIVED

JUL 9 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05891

1. PLACE OF DEATH:

County Cabert
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Cabert
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war 3rd

3. (a) FULL NAME

Anne V. Litch

3. (b) Social Security Number

70

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife William A. Litch

7. Birth date of deceased (mo., day, yr.) Sept 23, 1853 6. (c) If alive, give age _____ years

8. AGE: Years 91 Months 8 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Charles County, Md
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name John Hammett

13. Birthplace Md

14. Maiden name Ann E. Simmons

15. Birthplace Md

16. Informant Miss Lydia Litch

Address Prince Frederick, Md

17. Burial Date thereof June 11, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Central

Location Barstow, Md

18. Funeral director A. A. Harkness & Son

Address Mt Airy, Md

19. 6-11 19 45 S. M. King
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1945 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 43 to _____ 19 _____
 and that I last saw h. or alive on June 6 19 45

Immediate cause of death Cathar
Failure with general
anoxia

DUE TO _____ DURATION _____

DUE TO _____

DUE TO _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Page & Sell M. D. or other _____

Address Prince Frederick Date signed 6/11/45

RECEIVED
JUN 13 1945
BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05892

Reg. Dist. No. 52

1. PLACE OF DEATH: *Calvert*
 County.....
 City or town.....*Huntingtown*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*md* County.....*Calvert*
 City or town.....*Huntingtown*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2(a) If veteran, name War.....

3. (a) FULL NAME
Joseph. Daniel Lyons.

3. (b) Social Security Number

4. Sex.....*Male* 5. Color or race.....*white* 6. (a) Single, married, widowed, or divorced.....*M.*
 6. (b) Name of husband or wife.....*Edna Lyons*
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....*Oct. 19, 1881*
 8. AGE: Years.....*63* Months.....*8* Days.....
 If less than one day..... hrs. min.

9. Birthplace.....*md*
 (Town, county, and state)

10. Usual occupation.....*Lumber Business*

11. Industry or business

FATHER 12. Name.....*Paul Lyons*

13. Birthplace.....*md*

MOTHER 14. Maiden name.....*Sarah E. Haldenby*

15. Birthplace.....*md*

16. Informant.....*Harry Hutchins Jr.*

Address.....*Owings, Md.*

17. *Burial* Date thereof.....*6 10 45*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....*Miranda Memorial Cemetery*

Location.....*Huntingtown*

18. Funeral director.....*W. H. Hutchins & Sons*

Address.....*Owings*

19. *June 9* 19 *45* *S. Hutchins*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*7 June* 19 *45* at *8* *P.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *2 June* 19 *45* to *7 June* 19 *45* and that I last saw him alive on *7 June* 19 *45*

Immediate cause of death.....*Hyperthermia*
colitis vancomycin

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*S. Hutchins* M. D. or other

Address.....*Huntingtown Md* Date signed *9 June 45*

115/1

RECEIVED

JUL 9 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County CalvertCity or town Barnstow
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Barnstow
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Ruth Bowen Mornett

3. (b) Social Security Number

no4. Sex F5. Color or race W6.(a) Single, married, widowed, or divorced MA8.(b) Name of husband or wife Griffin Mornett7. Birth date of deceased (mo., day, yr.) May 25, 19046.(c) If alive, give age 41 years8. AGE: Years 41 Months 0 Days 14 If less than one day _____ hrs. _____ min.9. Birthplace Adelina, Md
(Town, county, and state)10. Usual occupation Home

11. Industry or business

12. Name Commenset Bowen13. Birthplace Calvert Co., Md14. Maiden name Lillie S. Solvick15. Birthplace Calvert Co., Md16. Informant Mrs. Oscar BowenAddress Barnstow, Md17. Burial Date thereof June 11, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CentralLocation Barnstow, Md18. Funeral director G. A. Harkness & SonAddress Mutual, Md19. 6-11 19 45 J. N. King
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 June 19 45 at 7:25 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 April 19 45 to 9 June 19 45and that I last saw her alive on 9 June 19 45Immediate cause of death Carcinoma of lungsDue to Carcinoma of breast

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

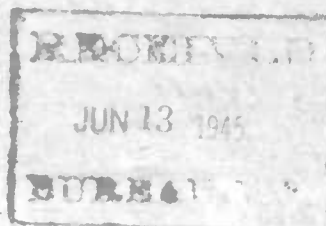
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other _____Address Huntington, Md Date signed 9 June 45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05894

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Prince George'sCity or town Annapolis
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 weeksHospital, institution, or street address where death occurred:
Carroll County HospitalHow long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Anne ArundelCity or town Annapolis
(If outside city or town limits, write RURAL and give nearest town)Street No. 29 Jefferson
(If rural, give LOCATION) ✓

2.(a) If veteran, name war.....

3. (a) FULL NAME

Joseph Earl Rakey

3. (b) Social Security Number

4. Sex Male5. Color or race white6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) October 9 1930

8. AGE: Years Months Days If less than one day

1 4 7 29 hrs. min.9. Birthplace Upper Marlboro P. George Co. Md
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name Carroll William Rakey13. Birthplace St Marys Co. Md14. Maiden name Alma B. McKean15. Birthplace Long P. George Co. Md16. Informant Mrs. Alma B. McKeanAddress 29 Jefferson St. Annapolis17. Burial Date thereof June 9 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St Mary'sLocation Annapolis, Md18. Funeral director B. E. HopkinsAddress Annapolis, Md19. June 7 45
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 6 1945 at 1:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 12 1945 to June 1 1945and that I last saw him alive on June 6 1945

Immediate cause of death.....

Cardiomyopathy

DURATION

3 monthsDue to Epithelioma of nasopharynx Jan 1945

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Paul J. Jett M. D. or otherAddress Prince Georges Date signed 6/7/45

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

AGE

SEX

PLACE OF BIRTH

CITY

DATE OF BIRTH

COUNTY

CAUSE OF DEATH

DIAGNOSIS

PLACE OF DEATH

DATE OF BURIAL

NAME OF PHYSICIAN

NAME OF BURIAL PLACE

SIGNATURE OF PHYSICIAN

NAME OF FUNERAL HOME

DATE OF EXAMINATION

NAME OF EXAMINER

PLACE OF EXAMINATION

NAME OF HOSPITAL

DATE OF EXAMINATION

NAME OF EXAMINER

PLACE OF EXAMINATION

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DATE OF EXAMINATION

NAME OF EXAMINER

PLACE OF EXAMINATION

NAME OF HOSPITAL

RECEIVED
JUN 8 1945
BUREAU V.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 117-2

CERTIFICATE OF DEATH



Reg. Dist. No. 58

05895

1. PLACE OF DEATH:

County CalvertCity or town Lusby
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State md County CalvertCity or town Lusby
(If outside city or town limits, write RURAL and give nearest town)Street No. 71
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Edward John Sollers

3. (b) Social Security Number

No

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Virginia Sollers6. (c) If alive, give age 28 years

7. Birth date of

deceased (mo., day, yr.)

Nov 25, 1861

8. AGE:

Years

Months

Days

If less than one day

8375

hrs.

min.

9. Birthplace

Calvert Co., Md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

John J. Sollers

13. Birthplace

Lusby, Md

MOTHER

14. Maiden name

Katherine Unmack

15. Birthplace

Baltimore, Md

16. Informant

Edward Sollers

Address

Lusby, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Middleham Chapel

Location

Lusby, Md

18. Funeral director

A. R. Harkness & Son

Address

Mutual, Md

19. July 27th

(Date reg'd by registrar)

19. 75

J. D. Pender

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1945 at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

Miscellaneous
due to hemorrhage from
subdural abscess

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED
JUL 13 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

CERTIFICATE OF DEATH ★

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Blunkirk, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CalvertCity or town Blunkirk, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Catharine H. Wilson

3. (b) Social Security Number

4. Sex F5. Color or race C6. (a) Single, married, widowed, or divorced X6. (b) Name of husband or wife Pat Wilson7. Birth date of deceased (mo., day, yr.) Mar. 17, 18746. (c) If alive, give age 72 years8. AGE: Years 71 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Md.
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name Julius Harris13. Birthplace Md.14. Maiden name Mary Cook15. Birthplace d - Md.16. Informant Pat WilsonAddress Blunkirk, Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 6-7-45
(month) (day) (year)Cemetery or crematory Halls CreekLocation Calvert18. Funeral director P.E. SewellAddress Prince Frederick Md.19. 6-4-45 C.V. Jarvis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4-1945 at 9:30 A.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1945 to June 1945and that I last saw her alive on May 20 1945Immediate cause of death Chronic Myocarditis

DURATION

3 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE HowardAddress Prince Frederick Md. Date signed _____

RECEIVED
JUL 13 1945
BUREAU V. S.